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ARTICLE I.

THE CAUSES WHICH AFFECT THE SANITARY CONDITION OF CHICAGO.

By DELASKIN MILLER, M. D., President of the Chicago Academy of Medical Sciences.

AN INAUGURAL ADDRESS, ON ASSUMING THE CHAIR.

GENTLEMEN :—At this, the first regular meeting of the Chicago Academy of Medical Sciences, some remarks upon the objects and benefits of our organization might be considered appropriate. But the objects aimed at in organizing this Society must, I am sure, be fully comprehended, at least by the members. We seek *practical* results. To reach these, the Academy has been divided into different sections, appropriate to the investigation of the different departments of medical science. One of these, "On Public Health, etc.," to which I, with others, have been assigned, has suggested to me, as a suitable subject for this evening, *The Causes which Affect the Sanitary Condition of Chicago*.

This subject, as I think, comes legitimately before us for consideration.

The preservation of health, and the attainment of longevity, are objects of desire to all. And the physician can act most efficiently in promoting these objects, when the causes are fully understood, which would destroy the one or abbreviate the other.

Although much has been written upon the sanitary condition of this city, still, I have not, as yet, seen all the circumstances stated, which bear directly upon the subject, or their influence properly estimated. Partial views must ever lead to erroneous conclusions. And thus we can readily understand why such a diversity of opinion prevails in the public mind, especially abroad, upon the sanitary condition of Chicago.

I might here refer to the official reports of our city mortality for a series of years, and thus easily settle the question of its insalubrity or healthfulness, relatively, as compared with other cities; but this is not now my object.

My business now is, to enumerate the circumstances, and describe the mode in which these circumstances affect the health of this city. If there are causes which exist within our limits, or around us, which render this locality insalubrious, it is important that they be made public, that their evil consequences may be obviated.

The topography of the city, then, in the first place, claims our attention. The site of this city is such as to impress the minds of those unacquainted with the surrounding circumstances, most unfavorably. It is, to appearance, a level plain, elevated only a few feet above the surface of Lake Michigan, which bounds it on the east. The soil is porous, composed of a light sand and alluvium, which rests on an impervious clay bed.

This character of the soil favors the rapid absorption of the water which is deposited upon its surface, but which is held near the surface by its inability to penetrate the bed which immediately underlies. And although the water may rapidly disappear from sight, it is nevertheless held ever ready to be elevated into the atmosphere again, by any circumstance which favors evaporation, bringing up with it the malaria and deleterious gases generated by animal and vegetable decomposition, which is continually taking place in a city large as this.

An atmosphere highly charged with aqueous vapors, is the efficient vehicle for transporting miasmata. Here is a potent cause of disease, which would produce its injurious effects in various ways. 1st. The atmosphere, which, during the warm season, would be charged with aqueous vapors nearly to satura-

tion, would, by constantly acting upon the system, produce derangement and debility, by interfering with the chemical changes which should take place in the blood by respiration, and which is manifested by indisposition to engage in either physical or mental labor. Also, in this condition, the system is less able to resist the general causes of disease. 2d. To this must be added the effects produced by the poisonous materials, introduced directly into the blood through the lungs in respiration, which derange the blood, and, through it, produce disease in the solids of the body.

I have thus spoken of the causes connected with the *natural site* of the city, which tend to generate disease and would favor its extension. They are such as impress themselves most readily upon the mind, and, doubtless, have had a great influence in coloring the opinion so frequently expressed, of the insalubrity of this city, if, indeed, they have not been the only views taken of the subject. But, when we extend our observation further, we shall find that there are counteracting circumstances, which greatly modify the views taken above, and go far to neutralize the effects of these general causes of disease. I will enumerate some of them. But, first, I must be allowed to say, that, were the city immediately surrounded by lofty forests, or high mountain ranges, which would prevent the free movement of the atmosphere, and which would allow the air, charged with the poisonous exhalations, to rest on the city, and to be inhaled by its inhabitants, the consequences would not vary from the effects enumerated above.

But, fortunately for the city, this is not the case. Its location is most favorable, having on the east and north-east Lake Michigan, including an area of about 13,500 square miles of nearly chemically pure water, permitting no unhealthy exhalations from its surface, and allowing the freest movements of the purest winds over the city, and through the straight, broad streets, which come daily, charged with elements to invigorate the body, and to displace the unwholesome atmosphere generated within our limits. Or, do the winds rush in from the opposite direction, they also come to us equally pure, having traversed a level or slightly undulating prairie, which extends beyond us to

an almost unlimited extent, unbroken by pools of stagnant water, or miasmatic marshes, but "with verdure clad."

From these causes, instead of being condemned to breathe the pestilential vapors, which are always generated in a large city, and are fruitful sources of disease, we here, from our natural position, may inhale the pure breezes of nature without stint. This is a condition most essential to health and longevity; for, without it, all other advantages are valueless.

Thus has nature herself removed from us, more effectually than man could do, the disadvantages which might, at first sight, appear insuperable.

This great natural advantage of our location as a city, cannot be too highly estimated. If we inquire into the causes which render any locality insalubrious, we will always find pre-eminent among them, a deficient supply of pure air, or, circumstances preventing the free movements of the atmosphere, so as to displace rapidly the impure, by air of a better quality.

We live on air, and would we live well, this should be pure in quality, and unlimited in quantity.

Next in importance to pure air, is an abundant supply of good water. Of the great value of water, in a hygienic point of view, I surely need not stop here to speak. The supply of water has, for centuries, been the great desideratum in large towns, which, many times, it has been impossible to obtain. In many places, the inhabitants are compelled to depend upon the water afforded by wells. Water obtained in this way, in large cities, can never be wholesome, no matter how much the natural circumstances of location, or geological formations, may favor it. These wells usually occupy the lots on which the residences and outhouses are erected, and the quality of the water, of necessity, must be greatly influenced by the gases from sewers, privies, cesspools, etc., which find their way through the soil to it. Add to this the lime, and various saline and mineral substances frequently met with, and we have a combination of causes not calculated to render the water innocuous. But here, again, Chicago owes much to her natural position, on the shore of Lake Michigan, which affords us an abundant supply of water, and of an excellent quality; notwithstanding, at times, by the action

of the waves, it is delivered to us holding the minutest particles of clay in suspension, rendering it milky in appearance, and unpleasant to the eye. But this does not render it as obnoxious, either to the smell or taste, as has oftentimes been represented. I apprehend that the greatest objection to it, is, in reality, its appearance, contrasted with its usual crystalline transparency; for, I am not aware, that the amount of clay which it contains, at the most unfavorable periods, is so very deleterious to the system, as is by many imagined; besides, these periods are usually of short duration, and the foreign matter can, even then, with the greatest facility, be perfectly separated, by filtering.

Another circumstance worthy of notice is, that the water for the city is taken from the lake nearly a mile north of the mouth of the river.

On the western shore of the lake, a current constantly flows from north to south, as is evidenced by deposits on the north side of piers, when extended into the lake. This, of course, prevents the impure water of the river from being taken up and distributed for the use of the city.

The water taken from the lake is now distributed over a large part of the city; so that here the poor even, may enjoy the luxury of a plentiful supply of excellent water—denied to the wealthy in many places.

I wish now to direct your attention to another question, rather suggestively than as giving any elaborated views of my own. It is this: What effect has Chicago River upon the health of the city? It passes, as you know, through the main part of the city, for about three-fourths of a mile, then branches extend to the extreme southern and north-western limits, having usually but little current, and receiving the decomposing filth that always collects in considerable quantities along its shores; besides, the sewers are so constructed as to lead into it from the different sections of the city. In this way a large amount of material, calculated to produce unfavorable results, is constantly carried into its waters.

Does the river, under these circumstances, produce an unfavorable effect upon the public health? As I before stated, I have not the data to enable me to give a decided opinion. It

would not, however, be difficult to determine the question accurately; for, we frequently have strong winds, which prevail for several days successively, in the same direction, and would enable us to note the effects upon the different sides of the river. This, repeated a number of times in different seasons of the year, would enable us to arrive at satisfactory conclusions. The subject, I think, is worthy the attention of the members of the profession, and, if it should be found to be manifestly productive of disease in its immediate vicinity, then, suggestions regarding the remedy could come from no more proper source than this Academy.

In the early part of this paper, while speaking of the site of the city, I enumerated the circumstances which, in themselves, strongly predispose to disease, especially such diseases as have been denominated zymotic. Now, removal beyond the circle of their influence, is sure to give immunity from an attack; and, also, the removal of the cause, or causes, is equally certain to give immunity from the disease. Can this be effected in Chicago? Can we overcome the disadvantages of a low surface and porous soil? I answer, Yes. The present high grade, recently established, which raises the streets from two to eight feet above the natural level, is a most efficient means; then, the character of much of the material used in grading, preparatory to paving, which is a clay and gravel, so mixed as to make a bed well nigh impervious to water, preventing absorption, and which also arrests the ascent of noxious exhalations. Then add to this the benefits of the system of sewerage, also but recently commenced, but which is being carried forward most actively: and we comprise all the conditions necessary to obviate the objections to the natural site of the city.

I cannot refrain here, from referring to the improper construction of the dwellings, especially of the poorer classes, and the excessive crowding of numerous persons into small and illy ventilated apartments, so frequently met with here, and producing here as elsewhere, its baneful effects. Every physician, and none but the physician, who has frequent opportunities to witness this evil, can fully appreciate the disastrous consequences of this total neglect of the simplest principles of ventilation and

want of room. How frequently do we find numbers of persons crowded into a single apartment, which rests directly on the damp surface beneath, without the slightest provision in its construction for ventilation, which serves them for parlor, kitchen and bedroom, outraging every principle of common decency, to say nothing of the laws of health; and in addition, in the cold season especially, every crevice, which might admit a small amount of pure air, is carefully closed; thus completely excluding this, the most essential element of man's existence, except what is accidentally admitted by the door, which is opened for as short a period as possible, to afford ingress or egress to the inmates.

In vain for them has nature kindly supplied an abundance of this vitalizing element for every creature—in vain the gentle breezes, freighted with materials to invigorate the body—to lend brilliancy to the eye—to the cheek the ruddy glow of health—and give to the brain activity and energy, to incite to “deeds of noble daring.” They prize not the blessing, but close the door against it.

I have collected a few statistics of the mortality of this city, for several years past, by which we are enabled to judge of the relative mortality as compared with several other cities. By these, we will be enabled to judge whether the surrounding circumstances, favoring a free supply of pure air, an abundance of water, etc., when joined to the benefits to be derived from the grading of the city, paving and complete sewerage, are not to remove the odium of the insalubrity, so long and persistently attached to this city. I give the results only. They are based upon the official census, as far as I could obtain them, and the record of interments, as kept by the City Sexton. They read as follows:

In the year 1846,	there was 1 death in every 43.33 persons.
1849,	1 “ “ 18.84 “
1850,	1 “ “ 21.45 “

In '49 and '50, the city was visited by the cholera in its severest form, as may be seen by comparing those years with 1846.

But the record of mortality here, for the past four years, gives us the most favorable results :

In 1855 there was 1 death for every 42.4 persons.

1856	"	1	"	"	38	"
1857	"	1	"	"	55.3	"
1858	"	1	"	"	56	"

If you will compare these figures with similar figures of the most favored cities of the country, you will find that Chicago suffers no disparagement by the comparison ; and this is Chicago, too, before she has had the benefits of the improvements to which I have alluded—for these have, as yet, been but just commenced.

I have taken the liberty of copying from the 9th vol. of the Transactions of American Medical Association, the following :

In Philadelphia, the proportion of deaths was as follows—

In 1852,	1	in every	40.10
1853,	1	"	43.61
1854,	1	"	38.10
1845,	1	"	47.81

In the city of Boston, for

1850,	1	in every	37.84
1855,	1	"	39.88

In New Orleans, the average from 1846 to 1854 inclusive, 1 in every 15.7.

In Baltimore, the average of deaths was, from 1836 to 1848 inclusive, 1 in every 42.72.

I will here invite your attention to the impression which so generally prevails in the public mind, in regard to the infant mortality of this city. Should we take our cue from editorials in the city papers, or from the remarks so frequently made by many citizens, we should be led to infer that it was next to impossible for children to survive in Chicago. Doubtless, the infant mortality of Chicago, as in all other large cities, is too great, which seems to be, and truly is, enormous. But does this city suffer, in this respect, by comparison with other cities ? It may not be generally known, that, of all the deaths which occur in cities, one-half are among children under five years of age.

But, by referring to the statistics of Philadelphia, New York, Boston, London, and some of the principal cities on the continent, this is found to be the case. I have examined the official reports of mortality for this city, for the years 1855, 1856, 1857, and 1858, and find that the mortality here, among the children under five years of age, is about equal to that of the city of Philadelphia, which is conceded to be one of the most healthful cities in this country. Then, again, it appears to me fair, to refer to another circumstance, which would have an influence upon these figures, in our favor. Our community is composed mostly of young persons, and a larger proportion of them are raising families than in other cities. Then, of course, we should have, relatively, a larger proportion of children, to augment the infant mortality here.

The subject of infant mortality introduces us directly to the consideration of its causes. Of all these, I cannot, of course, speak, in the time to which propriety would limit me. But, one potent cause demands our attention here. *The adulterated milk furnished to cities*, and a large part of it for the sustenance of infants. The infant organization is such, that the slightest cause is liable to destroy its powers of assimilation, and its hold upon life so feeble, that it rapidly sinks, when imperfectly nourished.

Now, the milk, daily furnished to cities, is not only largely diluted, but so greatly adulterated, as to render it unfit for use. In saying this, I am aware that I am but repeating what has been said before. Still, the evil prevails, to an alarming extent; and, it is for this reason, I allude to it now.

We have legal enactments, restraining the sale of unwholesome food, and especially of adulterated milk. Why do not the proper authorities enforce its provisions upon this traffic? This, surely, is of the greatest importance, affecting the happiness of thousands, and striking at the tenderest ties in society; for, its greatest physical evils are visited upon infancy.

This subject may seem trite to the members of this Academy; but, if the above are facts, their destructive consequences are not a whit lessened, because the subject is trite. And, if public excitements are powerless in remedying the evil, because,

like spasmodic efforts, they suddenly relax; or, if legal enactments are ineffectual, because the public do not realize the enormity of the evil; then, surely, on the members of our profession must rest, to a very great extent, the responsibility; for to them the public prosperity looks, as the conservators of the public health. By our united and personal efforts, in the same direction, we may effect much towards mitigating the evil, if, indeed, we do not entirely remove it.

Gentlemen: I have thus enumerated, in as brief a manner as I could, the causes which affect the sanitary condition of this city. I have not been biased in these remarks, by favor or prejudice, to give undue weight to one, or under-estimate the influence of another class of causes. I have had no theory which would lead my judgment astray, or interest to color my opinions. I have endeavored to follow where facts and unquestioned principles would conduct. To what conclusion, then, have we arrived?—to this: That the location of Chicago, so favorable for commercial and physical prosperity, is equally favorable for the preservation of health and attainment of longevity. That, when the present system of municipal improvements, now being carried forward with commendable energy, should be completed, we may rationally expect that this city will occupy the position, in regard to its sanitary advantages, that it now does in its physical prosperity, and be acknowledged without a parallel.

ARTICLE II.

PREGNANCY AND EXTRA UTERINE CONCEPTION.

BY GEORGE HIGGINS, M.D., OF AURORA, ILLINOIS.

On the 17th of March, 1859, I was called in haste to see Mrs. N. Orr. On my arrival, I found the patient suffering severe pain, just above and at the right of the symphysis pubis, with a sensation of bearing down.

Ascertaining the patient to be pregnant, made a vaginal

examination. Nothing unusual presented; the os uteri firmly closed. Hoping to prevent an abortion, I gave a full dose of morphine, which relieved the pain, and the patient remained comfortable in bed, taking occasionally an opiate, moving the bowels in the meantime with oil.

All went on quietly, until the 19th, when the pain returned, with much more force than before, with a very unpleasant sensation in the lumbar region.

On making another examination, I detected an elastic tumor, high up in the vagina, in front of, and extending to, the uterus, which, at that time, was in the proper position, the pain rapidly increasing in severity.

As before, I gave a full anodyne, to quiet the pains, and waited the final termination, whatever it might be; as I left, telling the family to let me know, if there was any change in the symptoms.

On the 20th, at one o'clock A. M., I was called suddenly, the messenger stating the patient to be much worse. On arriving, I found the statement too correct.

Another examination revealed, to my great annoyance, the same elastic tumor, before mentioned, low down in the pelvis, crowding the uterus backwards and upwards, so that the ostium was out of reach. As the pains increased in severity, the tumor became tense, and seemed to occupy the whole cavity of the pelvis. I proposed counsel, as I thought the case would prove fatal. Dr. Howell was called. Soon after the Doctor entered the room, and while I was making an examination, the tumor gave way, followed by a large discharge of water, perhaps two quarts. Immediately after this rupture and discharge, the os was readily reached, and was not dilated in the least; satisfying me still better than before, that the tumor was external to and at the right of the uterus.

At this trying time, profuse hemorrhage set in, and not from the uterus, as might be supposed, but in front and at the right of that organ, from the direction in which the tumor was first discovered.

Dr. Howell satisfied himself that the flowing, which was constant, was not from the cavity of the uterus. After a short

time, to our great relief, the mouth of the womb began to dilate. By means of the finger the dilation was more rapid, and in one hour's time, after the rupture of the tumor, or *sack*, two foetus at five months were expelled, with the cords detached from the placentas, so that I was unable to remove them, the uterus closing down firmly.

As the patient at this time was very much prostrated, I thought best to preserve what little strength remained, as well as I could; so I gave a brandy sling, and a full dose of morphine, repeating the dose once in twenty minutes, until the pain was relieved, and reaction had taken place. Securing, by bandage and compression, a permanent contraction of the uterus, to prevent any hemorrhage that might occur from that direction, in one hour's time the patient was resting quietly. I left, to return again in two hours, ordering the nurse to let me know immediately, if any unfavorable symptoms should set in.

On my return, the nurse said the placenta had been expelled. As the patient remained quiet, I entertained a belief, or, rather, a hope, of there being but the one placenta; but, about two hours after, the husband came to me, saying, the pains had returned with great force. Sure enough, they had, and expelled the other placenta into the vagina. I removed it, and repeated the anodyne to control the pain; for, by this time, the patient was sighing, and almost gasping for breath. Pulse, one hundred and fifty per minute, and quite feeble.

By trifling manipulation, I succeeded in removing the tumor with membranes attached. Appeared much like a placenta, and weighing eight ounces; fetid, and somewhat decomposed. I would here state, the patient was as large as at full term, up to the rupture of the tumor. Now, where was the attachment, and what position did the tumor occupy, up to the morning of the 19th?

The previous history of the patient I have just received. In the summer of 1855, she became pregnant with her first child, a light-haired, blue-eyed boy. Since that time, her health has been declining, with soreness in the lower part of the abdomen, at the right of the symphysis pubis. Had noticed, at times, obstruction in the vagina, with extreme tenderness there.

In July last, aborted at three months, followed by a protracted illness of some four or five weeks.

Her last sickness was followed by no materially unfavorable symptoms. Says she feels better than at any time in the last three years. Is of scrofulous diathesis; tall, slender, with light hair and eyes; a native of Massachusetts, and thirty-two years of age.

ARTICLE III.

OPERATION FOR OVARIAN TUMOR, BY PROF. MEEKER, OF LAPORTE, IND.—REMOVAL OF SEQUESTRUM, BY CHARLES BRACKETT, OF ROCHESTER, IND.

A short time since, I read a letter from Prof. D. Meeker, of Laporte, who says he was the surgeon who attended the woman of Tippecanoe, Marshall county, Ind., and that he is perfectly satisfied that her shoulder was fully—perfectly reduced, at the time he undertook the case. In the February number of the *Chicago Medical Journal*, page 89, I reported her case as “dislocation of the humerus, of eleven weeks;” in which I stated that, “at Laporte, when reduction was again undertaken by the good surgeons, assisted by Jarvis’ adjuster, this operation also failed. Some seven or eight weeks after which, I saw her, and reduced the shoulder.

In justice to Professor Meeker, I make this statement. The Professor says “that the shoulder was reduced at the time I made the attempt at Laporte. I think that I was not mistaken about it at the time I was assisted by Dr. Bruise.”

On page 89 of the February number of the *Journal*, and sixteenth line, it should read, Dr. Southall, of Tippecanoe, Ind., for “Dr. South, all of Tippecanoe, Iowa.”

The following case of ovariectomy, by Prof. Meeker, at which I assisted, by his consent, I submit for publication:

Mrs. Fennimore, aged about forty, had, for the past two years, an ovarian tumor. After the tumor had acquired a diameter of about eight inches, she became pregnant. She first consulted me as to the propriety of inducing abortion, as she

had been informed that gestation could not be fully accomplished, except with a fatal result. I assured her that it could; that from the situation of the tumor, the gravid uterus, enlarging, would mould itself into, and produce absorption of, the tumor. With this assurance, she became quieted; went a full term, with a tranquil mind, and was safely delivered of a healthy, full-grown child. At that time the tumor could be distinctly felt; convex on side next the womb, and materially diminished in volume. About September 1st, 1858, on account of retention of urine, from mechanical pressure (the tumor, for a year after her confinement, having grown wonderfully fast), and from other threatening symptoms, she concluded to have it removed by an operation, and chose Prof. Meeker, of Laporte, as her operator. Accordingly, on the 11th of September, I, in company with Mr. Palmer, Dr. Gould, and Dr. R. A. Diier, of Union, Marshall county, and Dr. Wm. Demoss, met Prof. Meeker at the residence of Mr. Fennimore, sixteen miles west of Rochester.

From the size of the tumor, it was necessary to make the abdominal incision from the xiphoid cartilage to the pubis. On turning out the tumor, it was found to be adherent to the greater part of the right side of the uterus, including the fallopian tube to the bladder, and low down the iliac region, closely investing the right primitive iliac artery, and the whole right iliac region posteriorly; covered externally with a close net-work of large veins, or venous sinuses, presenting a mass of such vascularity, as that, probably, almost immediate death would have followed even a small incision into the surface of the tumor.

The Professor then punctured the tumor, where it appeared least vascular, with a trocar. This was followed by a welling out of the blood in a stream the size of the trocar, and could only be restrained by passing a double thread through the peritoneal surface transversely to the puncture, and tying both ways. A second puncture was made over a portion of the tumor apparently filled with yellowish serum. This was followed by a like gush of blood, and but a small quantity of serum. The bleeding was here restrained in like manner, by the needle and ligature. With great difficulty the tumor and intestines were returned into the abdominal cavity, and the wound closed by sutures, adhesive

strips, and bandages. I stayed with the patient most of the time for a couple of days, and, for a week, kept her quiet with morphine as often as necessary, to produce the desired effect. With occasional laxatives, as occasion demanded, she became quite comfortable, and, in fact, had no severe symptoms at any time during the operation, except a good deal of prostration. She improved rapidly for a week. The wound healed; but on the 30th of November following, eleven weeks and three days after the operation, she died. A post-mortem examination, made by Dr. Diier, revealed the fact that the *side of the tumor which had been punctured, was mostly absorbed*, and the remainder was transformed, or degenerated, into a substance resembling adipocire. I have not the notes of the necropsy, which were promised me by the Doctor, so cannot now give a full account of post-mortem appearances.

Should I ever have a case similar, or one where, from extensive adhesion, the tumor could not be removed, I should pass large setons, traversing the tumor in different directions, and would expect, in a patient as tenacious of life as was Mrs. Fennimore, a perfect cure of the disease by suppression or absorption, one, or both. I am led to this conclusion from the effect of the sutures made through a small extent of this tumor, and from the well known good effects of a seton passed through some external tumors, which it is not advisable, or desirable, to remove with the knife.

REMOVAL OF SEQUESTRUM FROM FEMUR.

Wm. Culver, aged about forty, scrofulous diathesis, twenty years lame from an attack of what was called white swelling; since which time, knee joint ankylosed; suppurative discharge from parts above the joint. Now, February 14th, 1859, confined to one fistula on inner aspect of thigh, two and a half inches above knee joint; in which fistula, at the bottom, can be felt with a probe, dead bone, probably a sequestrum. Assisted by Dr. Gould and Jonas Myers, I laid open the integument to the femur by an incision three inches long, following the course of the fistula—then, could feel the loose bone through a small opening, sufficiently large to admit the point of the index finger; sides

of this opening seemed cartilaginous; enlarged the opening till, with my forceps, I drew out a piece of bone three inches in length, with irregularly serrated edges. Venous hemorrhage profuse; wound closed, and healed rapidly, leaving more mobility to the parts than before the operation. From time to time, to this date, May 17th, 1859, after some soreness about the leg, suppuration takes place, and small pieces of carious bone, similar to the edges of the piece removed, of the size of a pin's head, are discharged. These, I think, are only pieces broken off from the main piece, on its removal from its bed in the femur. I think that the leg will, ultimately, become well, as, at the time of the operation, all parts of bone surrounding the sequestrum were covered with healthy periosteum, perfectly sound, as far as I could know.

ARTICLE IV.

SEQUEL AND ULTIMATE RESULT OF A CASE OF RESECTION OF THE KNEE JOINT.

BY DANIEL BRAINARD, M. D., SURGEON OF THE U. S. MARINE HOSPITAL AT CHICAGO, ETC.

In the number of this Journal for July, 1858, I reported a case of resection of the lower end of the femur for scrofulous disease, in a boy ten years old. This operation was performed January 20th, 1858, and the case was reported as successful.

In the discussion to which that case gave rise, in the Society of Surgery of Paris (see report in the May number of this journal), it was objected, that the ultimate result and state of the facts were not, and, at that period, could not, be ascertained. This objection seemed perfectly well founded, and I, therefore, took occasion to re-examine this subject, which was done May 18th, 1859, in presence of Drs. Powell and Durham, and the pupils employed at the Marine Hospital in this city. The result was as follows:

1. The incisions are all perfectly healed, and the knee is free from pain and tenderness.
2. Bony union has perfectly taken place; but this seems to

have been complete only seven or eight months after the operation.

3. The member, measuring from the pelvis to the ankle, is two and a half inches shorter than the other. This is the exact length of the piece removed, so that the member must either have grown as fast as the other for about sixteen months, or the space between the thigh and femur was filled up with bony substance.

4. The boy steps and walks with the member without any pain or difficulty, except what results from the shortness. With a high-heeled shoe, he could walk well.

I do not think it admits of a question, that this member is at the present time, much more useful than any artificial member could be.

ARTICLE V.

THREE CASES OF INVERSIO UTERI SUCCESSFULLY REDUCED.

BY HAZARD A. POTTER, M. D., OF GENEVA, N. Y.

REPORTED BY CHARLES N. HEWITT, M.D.

As the treatment of *inversio uteri* is now attracting the renewed attention of the medical profession, I am induced to report three cases, which have occurred in the practice of my partner, Dr. H. A. Potter. Two of them were cases of complete inversion, and one a case of partial inversion; all of some months' standing.

The first which I shall describe, occurred in the person of Mrs. S —, of Chicago, Illinois, after the birth of her first child. The patient, aged 21 years, of sanguine temperament, and good physical development, was confined with her first child on the 9th of last April. The labor was not more severe than first labors usually are, and presented no unnatural features, except the occurrence of a severe pain under the right breast, which continued during the three last hours of labor. The child was born at 7 o'clock P. M., and, five minutes after, her physician removed the placenta; and she did not feel any after-pains.

Upon being made aware that the placenta was removed, the patient asked if all was right, and was informed that she must lie still, and let the doctor put the womb back. An attempt to do so caused excruciating pain; and, after some time, all was declared right, and manipulations discontinued.

She passed a sleepless night, and flowed so much that her bed and clothes were saturated. The flowing continued profusely until the fourth day, when she had a severe sinking spell, which lasted two hours and a half, during which time the flowing nearly ceased. She was confined to the horizontal position till the sixteenth day, when, on an attempt to sit up, the hemorrhage again began, and never entirely ceased until the inversion was reduced. She resumed the horizontal position again, and kept it until the twenty-first day, when she was moved, in a chair, to the piano. While there, the flowing returned, and continued profusely until the twenty-fourth day, when it ended in syncope. She now kept her bed until the forty-seventh day, and did not recover sufficient strength to walk until the sixty-third day. On the thirty-ninth day, her physician made a digital examination, and found the womb completely inverted; and, counsel being called on the following day, his conclusion was confirmed.

[Such is the account we received from the patient.]

The patient was then advised to take tonics, use astringent injections, eat nourishing food, and was informed that, as she gained strength, her womb would assume its natural position. This advice was strictly followed, and, by the sixty-third day, she had gained sufficient strength to sit up, though the flowing continued slightly all the while, and, at times, profusely. On the sixty-fourth day, she took a short ride in an easy carriage, and continued to do so on every pleasant day, until she decided to come to one of the hydropathic institutions of this State, where she underwent the treatment usual at such places, and several ineffectual attempts were made at reduction. After remaining at that institution about three months, and perceiving no beneficial result, she went thence to her father's house and sent for Dr. Potter. Dr. Potter visited her, for the first time, on Thursday, the 14th of last October. He found her sitting up; her face and extremities pale and slightly œdematous; her

pulse quick and feeble. He made a digital examination. She was flowing slightly at the time. The uterus was completely inverted, and atrophied, being a little smaller than the virgin womb. Its form was nearly cylindrical; its tissues firm and resisting. There was considerable œdema of the lining membrane.

He advised an attempt at reduction, while the patient was under the influence of chloroform. To this she consented. Dr. Potter returned home, had an instrument made, and on Saturday following, performed the operation. I gave the patient chloroform, and, when she was fully under its influence, and in a horizontal position, her hips a little elevated, Dr. Potter began the reduction with the hand. Grasping the uterus firmly, he maintained a steady pressure for twenty minutes, and succeeded in returning the neck, and a part of the body, of the organ. At this stage of the operation, although the patient was fully under the influence of chloroform, she evinced the motion and straining that accompany labor pains, and the vagina grasped the hand with sufficient force to render a resort to the instrument necessary. These contractions of the vagina recurred regularly every five minutes, until the operation was complete. Still maintaining the pressure with the hand, Dr. Potter introduced the piston of the instrument, and applied it to the fundus; then the cylinder was moved upon the stem of the piston, until it embraced the womb; and the hand was withdrawn. The pressure being continued with the piston, every advance gained was retained, until reduction was complete, which was effected in one hour and a half after the operation began. The fundus having, by slow advances, returned within the os, it left the head of the piston with a sensible spring, and resumed its natural position.

But little blood was lost, and the patient rallied from the chloroform well, complaining of nothing but a feeling of soreness about the parts. A folded napkin, wet in alcohol and water, equal parts, was applied to the vulva; and, if she complained of pain at bed time, she was ordered *tinct. opii. gtts. xxx.*

She was visited on the morning of the second day. She had slept well without the anodyne. On the morning of the third day she was again visited—sat up in an easy chair yesterday

afternoon; has walked with ease about the room to-day. There is no pain, and but little tenderness of the parts, and no hemorrhage. She was discharged, and, on the twelfth day after the operation, she took the cars for Chicago.

In calling the attention of the profession to the instrument used in this case, Dr. Potter would not wish to be understood as advising its use in all cases, and under all circumstances in this disease. He believes, as do all who have had experience in the treatment of *inversio uteri* by reduction, that the hand is the best and safest instrument, when it can be used. This instrument was devised to take its place and perform its duty, and only when the hand could not be employed.

There are cases where the piston alone can be used with great advantage, the hand embracing the womb and directing its movement; and there are other cases where the cylinder will be of great use in place of the hand, as a guide and support to the piston. The entire instrument is made of Turkish boxwood, with the exception of the staff of the piston, which is of hickory.

The head of the piston is of boxwood, and slightly cup-shaped, as far better, for various reasons, than if its upper surface were convex. It is of wood, because, from its slight, adhesive qualities, it is much more readily retained in contact with the fundus of the uterus than either ivory or metal. The cylinder is of wood, because it is lighter, and more readily and cheaply procured than any other substance. The instrument should be boiled in oil before using, to prevent the absorption of blood, or the secretions of the parts to which it is applied. This being an instrument that can be made by any mechanic of ordinary ingenuity, it may be constructed of various sizes to suit individual cases.



C. Handle of Piston.
A. Head of Piston.
B. Cylinder, with broad funnel-shaped concavity to receive the fundus uteri. This resembles in shape a wooden stethoscope.

The other case of complete inversion occurred in 1840. The patient, aged 30 years, was seen by Dr. Potter fifteen months after the inversion, which took place immediately after delivery. For two months, the flowing was profuse, but diminished gradually up to the time of the reduction, when it was scarcely noticeable, except at the menstrual periods. She had leucorrhœa. The uterus was a half-size larger than the healthy unimpregnated womb; sloughy, and yielding to the touch. It was reduced in three quarters of an hour, with the hand alone. The patient suffered greatly during the operation, but made a rapid and complete recovery.

The case of partial inversion occurred in 1836. The patient, aged 35 years, had borne a number of children, and the inversion, when Dr. P. saw her, had existed six months, and she had been treated for polypus uteri. The hemorrhage had not been profuse, but almost constant, and, at the time of the operation, the patient was confined to her bed. Though in the horizontal position, she nearly fainted during the reduction, which was accomplished by the hand in about one half hour. She has borne several children since. The method of practice which insured success in these cases, was, constant, steady, and gradual force applied. The reduction in them all began in the neck, and the fundus was the last portion to pass the os, and passed with the most difficulty.

And we would here inquire, are there any cases of this disease, of however long standing, which may not be reduced by long and continued pressure, excepting only those which are hypertrophied, or in which the peritoneal surfaces are adhered? And, are even these without hope?

TRANSLATIONS FROM FOREIGN JOURNALS.

[From Brown-Sequard's "Journal de la Physiologie."]

TWO MEMOIRS ON THE VARIATIONS OF COLOR OF THE
VENOUS BLOOD.

BY PROFESSOR CLAUDE BERNARD.

[Read to the Academy of Sciences, Aug. 9 and Sept. 6, 1858.]

TRANSLATED BY THOMAS BEVAN.

Continued from page 285.

V. It is very easy to demonstrate experimentally that, of the two nerves we have mentioned in the submaxillary gland, the one dilates the vessels, while the other contracts them.

The tympanico-lingual nerve enlarges the capillary vessels of the gland, and this enlargement is such, that when the nervous action is intense, the blood passes from the artery into the vein without losing the cardiac impulsion, and it is seen to flow from the vein of the gland with an intermittent jet, as if flowing from a real artery; afterwards, this venous pulsation disappears, from the moment the action of the tympanico-lingual nerve diminishes or completely ceases.

The sympathetic nerve, on the contrary, contracts and restricts the glandular blood-vessels in the most marked manner. When this nerve is excited, the constricted vessels allow less and less blood to pass. The sanguine fluid retained in the capillary vessels of the gland, flows feebly by the vein, exhibiting a dark color, and darker in proportion as the current is feebler.* When it happens sometimes, that the flow of blood has been suspended by the nervous influence, one sees, when this ceases to act, a quantity of very black blood escape first; afterwards the blood takes its red color, little by little, in proportion as its circulation is accelerated, and the blood, which had been previously retained in the tissue of the gland, is found to be expelled.

In the last analysis, we see that the two nerves, which modify

* When the vein is compressed or obstructed by a clot, this accidental cause also brings about a dark coloration of the blood. It is important to know these circumstances to guard against all the causes of error in the appreciation of the nervous influences.

the color of the blood red and dark, are two motor nerves, which act primitively by constricting or dilating the blood-vessels. The sympathetic nerve is the one which contracts the vessels; the tympanico-lingual the dilatator.*

VI. In the physiological condition of the submaxillary gland,—that is to say, in its normal functional state—we ought to represent to ourselves two orders of nerves as being constantly in activity and antagonism; so that the effective nervous action is always due to the nerve actually preponderating, and that the special influence of one of the two glandular nerves does not seem to manifest itself until it has previously annihilated the action of the other. What proves it is, that each of the nerves becomes more excitable, and reacts with more intensity, under the same excitant, when its antagonist nerve has been previously destroyed. This last phenomenon is very clear, especially for the tympanico-lingual. When this nerve, remaining intact, for example, we cut all the glandular filaments of the sympathetic, and afterwards place a little vinegar on the tongue, we see the ruddy blood flow from the vein with much greater rapidity, and the pulsations become much more energetic than in the normal condition of nervous antagonism,—that it to say, when the sympathetic has not been cut.

This difference in the excitability of the tympanico-lingual nerve is much the more interesting to establish, as it is found here measured by its normal physiological excitant, the gustative impression. All this shows us the existence of a sort of unstable equilibrium in the submaxillary gland, or, of a sort of functional balancing, incessant and determined, by the antagonism of the dilatator nerve and the constrictor of capillary vessels.†

* This is not the place to seek to give the explanation, which may be given in the present state of the science, of the enlargement of the vessels and the increase of activity of the glandular circulation under the nervous influence. I will limit myself here to the statement of the fact which appears to me important, and of which there is besides the utmost evidence.

† It may be said, as a general proposition, that in the physiological condition, the expulsion of the saliva from the gland corresponds with the activity of the tympanico-lingual nerve, and the repose of the same gland with the activity of the great sympathetic. The excitation of these two orders of nerves may always make the saliva flow; only the excitation of the tympanico-lingual causes a

The extreme dilatation of the capillary system coincides with the direct passage in the vein of the red pulsatile blood. The extreme contraction coincides with a feeble flow of blood, and with a dark color. Between these two extremes we can conceive all the intermediates, and observation may show them to us in experiments.

VII. To recapitulate: after having analyzed successively all the mechanical conditions by which the tympanico-lingual and great sympathetic cause the venous blood of the maxillary gland to appear, alternately, red and black, we have arrived at this conclusion: that these two nerves do not, in reality, act, but as agents of contraction and dilatation of the blood-vessels. This action, which differs in no way from the action of the motor nerves in general upon contractile or muscular elements, brings about, however, its results, by a chain of entirely natural phenomena, a series of physico-chemical modifications in the sanguineous fluid. When the sympathetic nerve constrictor of the vessels acts, the contact between the blood and the elements of the gland is prolonged, the chemical phenomena which result from the organic exchange which passes between the blood and the tissues has had time to operate, and the venous blood flows very dark. When, on the contrary, the tympanico-lingual nerve, which dilates the vessels, acts, the passage of the blood in the gland is rendered very rapid, the modifications of *veinosity*, which pass at the contact of the blood and the tissues, is otherwise accomplished, and the blood escapes from the vein with a ruddy tint, and presenting its aspect of arterial blood.

Thus, we may always seize between the primitive physiological action of the nerve, and the chemical phenomenon which follows, an intermediary, which modifies mechanically the special circulation of the glandular organ.

Lastly: I will add, in conclusion, that, owing to the influence of the two nerves whose physiological action we have indicated, the submaxillary gland is found possessed, in reality, of an individual circulation, which, in its variations, is independent of the

saliva much more fluid, and that of the great sympathetic much more viscid. This phenomenon is particularly observed when all the nerves of the gland being cut, we galvanize the ends which yet hold to the gland.

general circulation; and, what I say here for the submaxillary gland, may, without doubt, be advanced for all the organs in the economy. The pressure of the arterial system and the cardiac impulsions are common mechanical conditions that the general circulation dispenses to all the organs.

But, the special nervous system, which animates each capillary system and each organic tissue, regulates, in each part, the course of the blood in relation with the particular functional chemical states of the organs. These nervous modifications of the capillary circulation occur on the spot, and without any perturbation of the circulation being borne to the neighboring organs, and, for still stronger reason, to the general circulation. Each part is tied to the whole by the common conditions of the general circulation, and, at the same time, by means of the nervous system, each part can have a proper circulation, and individualize itself physiologically.

Such are the special physiological conditions impressed by the nerves on the capillary circulation, and which appeared to me indispensable to make known, before commencing the study of the chemical conditions of the various venous bloods. It remains, at present, to know what are the chemical modifications of the blood, which give birth in the physiological conditions we have indicated, to these alternated red and dark colorations of the glandular venous blood. This will be the subject of the following communication.

II. On the quantity of oxygen which the venous blood of the glandular organs contain, in the states of function and repose, and on the employment of the oxide of carbon to determine the proportion of oxygen in the blood.

In a communication made to the Academy, January 25th,* I demonstrated that, in the normal or physiological† state, the

* See No. II. of this Journal, April, 1858, p. 238.

† In the physiological condition, the excitability of the secretory nerve is always accompanied with acceleration of the circulation and a red coloration of the venous blood. These phenomena are so much the more marked, as the glandular organ is smaller and more independent in the disposition of its vessels of the circulation of the neighboring organs. I do not know any gland where the phenomenon is so visible as in the submaxillary gland of the dog, which fills all these conditions. But, so as not to be misunderstood on the subordination of

venous blood of the glands is red, when these organs expel the product of their secretion, and that it is dark when the organs expel nothing and are inactive.

In another communication (see the above), I have indicated by what physiological mechanism two orders of nerves hold under their influence the variations of color which supervene in the glandular venous blood.*

To-day, I desire to examine the chemical modifications of the blood, which are in relation with its changes of coloration in the same vein.

But I must hasten to say, it is not question here of a chemical analysis of the blood. In this examination of the glandular venous blood, it will only be question of the relative quantity of the oxygen, the gas to which is always attributed the ruddy color of the blood. Besides, I would not have permitted myself this

these various phenomena, I will remark, that all I have said proves clearly that this coloration of the venous blood is, in consequence of the action of the nerve which accelerates the circulation, and not a cause of secretion; for it occurs after the section of the great sympathetic, without there being any secretion. So that, if one puts an obstacle to the flow of the blood in the glandular vein, and at the same time excites the secretory nerve, the secretion may still occur, although the blood, accidentally retarded in its course, cannot flow red. In certain voluminous glands, as in the parotid of the horse, the whole of the blood is renewed with more difficulty in the gland, on account of its volume, and because of the communication of the glandular veins with the neighboring muscular veins, which furnish an excessively dark blood, in the masticatory movements of the animal. Also, it does not appear that in this gland, the phenomenon has been discovered, although it exists, but masked by the circumstances I have indicated. In acting thus the part of cause and effect, we see that the essential physiological action of the secretory nerve is to accelerate the circulation, and render the nervous blood red, when the acceleration is as intense as possible. There is no reason to find contradictions in the less marked effects of the phenomenon which result from circumstances entirely secondary.

* Since then, I have pursued my researches on the nerves which accelerate or retard the capillary circulation, and I have found that these two orders of nerves are not to be met with alone in the glands, but that they exist in other parts of the body. I have established, principally in the dog, that the filaments of the mylo-hyoidien branch of the inferior maxillary nerve of the fifth pair accelerates the circulation in the vessels of the face. I will give, at a future time, these experiments, in occupying myself necessarily with the phenomena of local circulations, which are yet but little understood.

encroachment upon the domain of the chemists, if I were not influenced by entirely physiological conditions, as will be seen in employing a new and very simple means for determining the quantity of oxygen in the blood.

It is now about ten years since I made some experiments on the poisoning of animals by the oxide of carbon, that I have repeated since in my course at the College of France, in 1853 and 1856.* While studying the toxic action of the oxide of carbon on the living animal, I was led to find that this gas rapidly poisoned the animals, because it instantly displaced the oxygen in the blood globules, and could not afterwards be displaced by the oxygen of the air. Whence, it followed, that the blood globules, in some sort paralyzed, were rendered incapable of absorbing the oxygen, and, thereafter, circulated like inert bodies, without the power of supporting life.

If all the blood globules are attacked by a sufficient quantity of the oxide of carbon to displace all their oxygen, death is almost instantaneous, and life cannot be recalled by artificial respiration; if a part of the blood has escaped the deleterious action, death does not follow until later, etc.

In a word, I considered the highly toxic action of the oxide of carbon as a consequence of its very great affinity for the matter of the blood globules. In short, the oxide of carbon has more affinity for the blood globules than the oxygen, seeing the oxide of carbon displaces rapidly the oxygen, while the oxygen is incapable of displacing in its turn the oxide of carbon.

It is this singular property of the oxide of carbon, of which, I believe, I was the first to recognize the action, which conducted me very naturally to employ this gas in displacing the oxygen of the blood. This means offers above the old methods the advantage of being more exact, because, by the same toxic action to which the oxide of carbon subjects the blood, the causes of the disappearance of the oxygen during the operation are removed.

For two years, I have employed this method in a great num-

* Notes of M. Bernard's lectures on the blood, with an appendix by Walter F. Atlee of Philadelphia, 1854; pp. 19 to 22. *Leçons sur les effets des substances toxiques et médicamenteuses.*—Paris, 1857.

ber of researches; and, last winter, at the College of France, in my course, the principle subject of which was the study of the blood, I developed publicly the advantages of this means of analysis; basing it on the numerous experiments made by M. Leconte, and which were instituted for determining the relative quantity of oxygen in the blood of the different organs of the body.

Here, in few words, is my mode of operating: I draw out the blood from the vessels by means of a graduated syringe, and pass it rapidly, by the aid of a covered iron canula, into a graduated glass tube placed over mercury, and previously containing the oxide of carbon gas. I thus obtain the blood protected from the contact of air. (*Loc cit*, p. 166). As soon as the blood is introduced, I shake it strongly, so as to effect the mixture, and prevent coagulation. I maintain the contact of the blood, add oxide for an hour or two, at a temperature of 30 to 40 degrees, being careful to agitate the blood during this period at two or three different times. The total volume of the gas does not ordinarily change, because the oxide of carbon displaces the oxygen volume for volume.* Under the influence of the oxide of carbon, one sees all kinds of blood take a persistent vermilion tint, which I signalized long ago, as characterizing the action of the oxide of carbon, as well in the blood-vessels of the living animal as upon blood treated out of the body.

I habitually employ, for each experiment, 25 cubic centimetres of the oxide of carbon for 15 cubic centimetres of blood. With this quantity of gas, all the oxygen of the blood can be displaced, which can be proven by adding a new addition of oxide of carbon, and in this second washing no appreciable quantity of oxygen is found.

To analyze the gaseous mixture in which the displaced oxygen is found, we use the methods habitually employed. The carbonic acid is treated by potassa, the oxygen by pyrogalllic acid, and the oxide of carbon, when we have recourse to

* I have already mentioned this displacement volume for volume of the oxygen by the oxide of carbon (course of 1856, page 84); but I have since seen, when there is much carbonic acid, that there was augmentation of the total volume of the gas.

it, is made by its transformation into carbonic acid by the electric spark.

After these preliminaries—a little long, but, as I believe, necessary—I come to the essential object of my communication, which is, to ascertain whether the red glandular venous blood contains as much, or more, oxygen, than the dark glandular venous blood. I have thought it necessary to put the question thus. In fact, in the present state of our knowledge, we cannot make but two hypotheses on the cause of the vermilion coloration of the blood which flows from the gland, when the activity of its functions are such as we have described, animated by pulsations, as the arterial blood, when the secretion is very intense. It might be thought that the red venous blood is simply the arterial, which has traversed the capillaries with so much rapidity that it had not time to become venous—that is to say, to have its oxygen take in its place carbonic acid.

But, it may also be admitted, that the red venous blood is an ordinary venous blood, with this difference, that it does not remain dark, because, being formed at the moment of secretion, it is deprived, by the glandular excretion, of its carbonic acid, which would have rendered it dark; thus it occurs when the gland does not secrete, and the carbonic acid cannot escape.

This last opinion acquires a good degree of probability by the fact that all the liquid secretions contain a considerable proportion of carbonic acid, either in solution or combined. The comparative quantity of oxygen contained in the blood at its entrance into the gland, and its exit from the same organ, not alone capable of deciding the one or other of these two hypotheses, if, at its exit from the gland, the red venous blood contained more oxygen than the dark venous blood, and as much as the arterial, it is clear that it is not venous blood. If, on the contrary, the red venous blood gave less oxygen than the arterial, and in an equal proportion to that contained in the dark, we ought to accept the received opinion, namely: that, during the secretion, the arterial blood became venous, as usual, with this peculiarity—that it remained red; because, it was deprived at the moment of its carbonic acid, instead of later eliminating it through the pulmonary organs.

These, therefore, are the terms of the problem that I propose to solve. Let us see what the experiments really teach us.

I experimented with the blood of the renal vein, because the volume of the organ permits us to obtain with facility sufficient quantities of blood for analysis.

On a vigorous dog, during digestion, after having exposed the renal vessels of the left side with proper precautions, I withdrew rapidly, and brought immediately in contact with 25 cubic *centimetres* of oxide of carbon,* 15 cubic centimetres of blood from the renal vein. During the time, the urine was flowing abundantly from the ureters, and the venous blood was nearly as ruddy as that of the artery. Immediately afterwards, one of the numerous divisions of the renal artery, at its entrance into the kidney, was cut, and, from its central end, I withdrew 15 cubic *centimetres* of blood, which I likewise mixed with a similar quantity of oxide of carbon.

Then, to trouble the urinary secretions, I removed the fatty capsule of the kidney. The urine ceased, after a few instants, to flow by the ureter, and the blood of the vein became as dark as the venous blood of the vena cava.

At this moment, I withdrew 15 cubic *centimetres* of the dark venous blood from the renal vein, which was, like the two others, treated with 25 *centimetres* of the oxide of carbon. After remaining an hour in a bath at a temperature of from 30 to 40 degrees, the analysis of the gas in contact with the three kinds of blood above designated, gave the following results for the quantities of oxygen they contained, calculated in 100 volumes of blood:

	Volumes of Oxygen.
1. For the red venous blood,	17.26.
2. For the arterial blood,	19.46.
3. For the dark venous blood,	6.40.

In a second experiment, there was found 16 for the 100 of

* This rapid withdrawal of the blood from the renal vein is tolerably difficult to accomplish. We must avoid tying the vein; for, as soon as we do, the blood becomes black from obstacle to the circulation. It is on this account that I prefer to penetrate the vein from the right, and plunge the canula of the syringe into the left renal vein, in which the circulation is not interrupted.

oxygen in the red renal venous blood; 17.44 in the aortic arterial; and 6.44 in the venous blood of the vena cava.

From these experiments it is seen, that the red venous blood of the kidney (and it is presumable that it is the same of the other glandular bloods) differs from ordinary venous blood, in that it is not—so to speak—deoxygenized. Thus we find our first hypothesis verified, since this blood preserves the characteristics of the arterial. Nevertheless, if this is true of the proportions of oxygen found, the proposition is not absolutely exact. In fact, the red glandular venous blood contains much less fibrine than the arterial; it contains less water, because it has furnished that of the secretion; and, again, this red venous blood is manifestly more corruptible than the arterial blood—that is to say, becomes spontaneously dark much more rapidly when it has been withdrawn from the vessels, etc.*

Be it as it may, in directing our attention for the moment to the unique object of our present research—that is to say: to what concerns the proportion of oxygen in the glandular venous blood, we discover this very singular fact, that it is during their functions, when they are secreting, that the glands allow the blood to pass without deoxygenizing it, while, when they are not acting, and do not expel any product, the blood which escapes is dark, deprived in great part of its oxygen, and charged with carbonic acid.† Here presents anew this antagonism between

* These same properties are remarked of the venous blood of the head, when the great sympathetic has been previously cut at the middle of the neck. The experiments that I have made on this subject since 1852 show, that after the section of the sympathetic, the circulation is considerably accelerated; the temperature increases; the nervous blood becomes red, and the pressure of the circulation is augmented. If we galvanize the superior or peripheral end of the sympathetic, the circulation is diminished in rapidity, the vessels contract, and the temperature is lowered at the same time that the blood becomes very dark. It is particularly in the horse that these facts present themselves with the greatest prominence. This great tendency to decomposition of the red venous blood necessitates that we operate with great celerity in putting it in contact with the oxide of carbon, which prevents its becoming venous, and its deoxygenation by the formation of carbonic acid.

† I will not examine the question of the quantity of carbonic acid produced; but will only say, that, with the oxide of carbon, I have never found a quantity of carbonic acid which corresponded to the quantity of oxygen lost; which

the glandular system and the muscular, to which I have often called attention. In the muscles, the blood flows so much the more dark, and the more deoxidized, as the organ acts and contracts more energetically, in the glands, the blood escapes so much the more red, and less deoxidized, as the organ acts, secretes with greater intensity. But, ought we to consider this antagonism in the phenomena apparent as a radical difference in the modes of nutrition, and the functions of the glands and the muscles? In a word, may we say, that the muscles consume the oxygen, in direct ratio to their functions of activity? It is the opposite with the glands. Or, ought we, rather, in the face of this muscular conclusion, conceive doubts of our manner of designating the functional states of the glands?

I am of this last opinion. I think that these researches will lead to another interpretation of what has been termed the states of function and repose of the glands, and will cause us to recognize a state of chemical activity, and another state of functional mechanical action. I could already bring various arguments in favor of this opinion; but, I will conclude, with the plain facts that I have above indicated, limiting myself to signalizing this obscure side of the question, which will serve as a *point de depart* for future researches.

EXTRACTS.

CONVENTION OF MEDICAL TEACHERS,

ASSEMBLED AT LOUISVILLE, MAY 2, 1859.

The Convention of Medical Teachers was called under the following resolution, adopted at the eleventh annual meeting of the American Medical Association, held at Washington City, last year:

Resolved, That we recommend to all the medical colleges entitled to a representation in this body, that they appoint delegates especially instructed to represent them in a meeting

would indicate that there is probably in the blood something intermediate, between the oxygen and the carbonic acid.

to be held at Louisville on Monday, the day immediately preceding the convention of the American Medical Association for the year 1859, at ten o'clock in the morning, at such place as the committee of arrangement shall designate.

At the hour of 10 the convention was called to order, and Prof. Dixie Crosby, of Dartmouth College, Hanover, N. H., was selected as chairman, and Prof. George C. Blackman, of Ohio Medical College, at Cincinnati, as secretary. Prof. Crosby, on assuming the chair, said that, like all his predecessors called upon to preside over deliberative bodies, he had been taken wholly by surprise, and should have declined had not Dr. Frost, of S. C., and Dr. Davis, previously excused themselves from serving. He could bring the convention no qualification for the position, except an earnest desire to serve them; but this and the support of the members, he hoped, would enable him to meet their approval, and conduct the important deliberations satisfactorily.

Rev. J. H. Haywood was then introduced, and invoked the Divine supervision over the proceedings of the body in an earnest and eloquent prayer.

Some discussion then ensued as to the mode of organization, some wishing all medical professors present to act as delegates, and others desiring that each college should have a unit representation. The following resolution was submitted by Dr. David F. Wright, of Shelby Medical College:

Resolved, That all members of the Faculties of Medical Colleges now present shall be considered members of this convention, but that where more than one belong to the same college, one of them alone shall vote in behalf of that institution.

After some further interchange of views—all tending to the same wish of full representation—on motion of Dr. A. H. Baker, of Cincinnati, the following substitute was offered and adopted:

Resolved, That a committee of three on credentials be appointed by the chair.

Under this resolution, Prof. Crosby selected Drs. Baker, Shattuck and Haskins, as the Committee on Credentials, and the convention took half an hour's recess for the registration of names of delegates.

The Convention was then permanently organized by the reelection of the temporary officers, Prof. Crosby humorously remarking that the delegates were fortunate in this action, inasmuch as they would have no further speech in reference to the

honor conferred, etc. He said, that until the Convention should adopt rules for its government, he should limit speeches to ten minutes, and allow no one to speak more than twice on the same subject, without permission.

Dr. Wright's resolution that members from Medical Colleges who are now present, be permitted to take part in debates, but that each college have but one vote, which was again taken up, considered and passed.

Dr. N. S. Davis offered the following, which was adopted:

Resolved, That a business committee of five be appointed by the chair, to report propositions for the action of the Convention.

The chair appointed Drs. N. S. Davis, Gunn, Frost, Shattuck and Yandell. After a short recess, to enable this committee to report, they submitted the following through Dr. Davis, the Chairman:

1. *Resolved*, That this convention recognizes the great advantages to be derived from the action of the American Medical Association in prescribing the terms and conditions on which medical degrees shall be conferred, and licences to practice medicine shall be granted; and that an expression of opinion as to methods or periods of instruction from the American Medical Association, should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by that body.

2. That this convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education, adopted at its organization in May, 1847; and that the medical colleges will cheerfully receive and record the certificates alluded to in said standard, whenever the profession generally and the preceptors will see that students are properly supplied with them.

3. That no medical college should allow any term of practice to be a substitute for one course of lectures in the requisitions for graduation.

4. *Resolved*, That Hospital Clinical Instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor of Medicine should be required to have attended such instruction regularly for a period of not less than five months, during the last year of his period of medical pupilage.

5. *Resolved*, That every medical college should rigidly enforce the rule requiring three full years of medical study before

graduation, and that the diploma of no medical college shall be recognized, which is known to violate this rule.

Prof. Wright, of Nashville, moved that the resolutions of the report be considered *seriatim*—and, the first being taken up, he spoke at length in opposition to it, giving a history of the previous difficulties between the American Medical Association and the medical colleges. He could neither vote for such a resolution; nor could he take any future part in the proceedings of a convention which should adopt it.

Prof. Brainard, of Chicago, thought this convention was asked to take a step fraught with peril to the harmony of the profession and its best interests; it should be met on the threshold, and a solemn protest entered against it. This body did not represent the medical colleges of the country with unanimity—New York, Philadelphia and New Orleans are not represented here, and he must consider their absence as a protest against the assumption of any power on the part of this body or the American Medical Association, to dictate the terms on which the colleges should confer their degrees or receive their students.

The admission of such a resolution would produce hostile factions, both in the profession and in the colleges, and could never receive the sanction of those who had independent, chartered rights to fall back upon. He was opposed to no true improvement in the medical profession, but he did object to shutting that door upon young men desirous of entering the profession, through which we ourselves all had entered.

Without definite action on the resolution, the convention adjourned until 3 o'clock P. M.

AFTERNOON SESSION.

When the convention reassembled, Dr. Bayless offered the following amendments to the first resolution:

1. To substitute in the third line the word "recommending" for "prescribing."
2. To strike out all after the words "deference and respect."

A long discussion ensued on the resolution, which was participated in by Drs. Bayless, Yandell, Palmer, McDowell, Davis, Brainard, Shattuck, Baker and Wright. The differences of opinions seemed almost as various as the number of speeches, and the convention was tying itself into an apparently inextricable entanglement, when an Alexander sprung up, in the person of Prof. L. L. Joynes, of the Medical College of Richmond, Va., who offered the following preamble and resolutions as a substitute for the resolutions from the business committee:

WHEREAS, It appears that a large proportion of the medical colleges of the United States are unrepresented in this convention, and no changes in the present system of education can be effectual unless adopted by the schools generally—

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the Special Committee on Medical Education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, this convention do now adjourn, to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that the several medical colleges in the United States, be requested to appoint each one delegate to such adjourned meeting of this convention.

These resolutions were amended, at the suggestion of Dr. Wright, to include the appointment of a committee of five, to take into consideration, during the recess, the various matters referred to in the resolutions, and to report thereon at the adjourned meeting.

The vote was demanded on this by colleges, and resulted as follows:

Yeas—Shelby Medical College, Missouri Medical College, St. Louis Medical College, Oglethorpe Medical College, Ohio Medical College, Western Reserve Medical College, Kentucky School of Medicine, Medical College, Richmond, Atlanta Medical College, Rush Medical College—10.

Nays—Medical College, S. C., Medical College, Ga., Medical Department University, Mich., University of Louisville, Cincinnati College of Medicine, Lind University, Iowa University, Medical College, Memphis, Harvard University—9.

The substitute was declared adopted, yeas 10, nays 9, and so the convention stood adjourned until the day preceding the next annual meeting of the American Medical Association.

The chairman appointed the following committee under the above resolution: Drs. Yandell, Shattuck, Blackman, Campbell and Gunn.

TWELFTH ANNUAL MEETING OF THE AMERICAN MEDICAL
ASSOCIATION.

ABSTRACT OF PROCEEDINGS.

LOUISVILLE, May 3, 1859.

The Association convened in Mozart Hall, at 11 o'clock A. M., and was called to order by the President, Dr. Harvey Lindsly in the chair, supported by Vice Presidents Drs. W. L. Sutton and T. O. Edwards. The other officers present were the Secretaries, Drs. A. J. Semmes and S. M. Bemiss, and Treasurer Caspar Wister.

The President introduced Rev. Stewart Robinson, of Louisville, who opened the proceedings with prayer.

The chair then declared the Association duly organized, and announced as first in order of business, the report of the Committee of Arrangement.

Dr. R. J. Breckenridge, chairman of this committee, reported as follows:

Mr. President, and Gentlemen of the Association:

It is my grateful office to greet you on this your twelfth anniversary, and tender you a hearty welcome to the city of Louisville. I do this, sir, in behalf of the physicians and citizens generally—citizens, second to none in their intelligent appreciation of the honor and dignity of the profession, and the worthiness and usefulness of its members;—physicians, second to none in their devotion to the great work in which they are engaged.

We have watched, sir, with interest, the formation and progress of this association. We have noted, with equal gratification, the catholicity of its spirit, and the greatness of its designs. We have seen it, in its brief existence, gather into its fold thousands of members—members from every State of the Republic, and without possessing real legislative powers, exercise a most potent influence for good.

Formed for the advancement of science and art—for the gathering, interchange and diffusion of knowledge—for the promotion of fellowship and harmony in the profession, by drawing closer and closer its members, it has *not* wholly failed in the accomplishment of its aims; and we trust for it a future yet more fruitful—harvests yet more abundant.

Feeling that "it is good for us to be here"—approving thoroughly, cordially, the objects of the association—and believing in its capacity for usefulness—we bid you God speed in your

labors, while we heartily welcome you, as honored guests, to our homes.

The Secretary then called the roll.

The President now announced a recess of fifteen minutes, to enable the various State delegations to choose their members for the committee on nominations.

Upon call to order, the following members were reported as the Nominating Committee:

New Hampshire, Dixi Crosby; Massachusetts, Solomon D. Townsend; Rhode Island, J. H. Eldridge; New York, D. M. Reese; New Jersey, A. N. Dougherty; Pennsylvania, R. K. Smith; Delaware, H. F. Askew; Maryland, G. W. Lawrence; District Columbia, Cornelius Boyle; Virginia, L. S. Joynes; North Carolina, Edward Warren, Jun.; South Carolina, J. M. Gaston; Georgia, John W. Jones; Alabama, J. B. Coons; Louisiana, S. O. Scruggs; Tennessee, E. B. Haskins; Kentucky, D. D. Thomson; Ohio, George Fries; Indiana, J. H. Brower; Michigan, William Brodie; Illinois, C. Goodbrake; Missouri, M. L. Linton; Iowa, D. L. McGugin; Wisconsin, C. B. Chapman; Army, Charles S. Tripler.

The President then appointed the following committee on voluntary essays: Drs. L. P. Yandell, of Kentucky, James Bryan, of Philadelphia, and C. G. Comegys, of Ohio.

Dr. R. J. Breckinridge, from the Committee of Arrangements, announced the hours of business from 9 A. M. to 1 P. M., and from 3 P. M. until such hour as the Convention should adjourn upon resolution.

Dr. Harvey Lindsly, the President of the Association, then read his retiring address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvements.

Dr. L. A. Smith, of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee for publication, among the proceedings of the meeting.

Dr. Caspar Wister, chairman of the Committee on Publication, read the annual report, and on motion of Dr. Sayre, of New York, the following resolutions appended to it were adopted:

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the Committee of Publication by the first of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock P. M.

AFTERNOON SESSION, 3 O'CLOCK.

Dr. W. L. Sutton, one of the Vice Presidents, took the chair in the absence of the President.

Dr. D. Meredith Reese, of New York, chairman of the committee on nominations, reported the following officers for the ensuing year:

President—Henry Miller, of Kentucky.

Vice Presidents—H. F. Askew, Delaware; Chas. F. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana.

Treasurer—Caspar Wister, Pennsylvania.

Secretary—S. M. Bemiss, Kentucky.

Dr. Sayre moved the adoption of the report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective chairs. The acting President selected Drs. Brainard, of Illinois, Mattingly, of Kentucky, Sutton, of Indiana, McDowell, of Missouri, and R. J. Breckinridge of Kentucky, and they accordingly performed the duties assigned to them.

The newly elected President, on taking the chair, addressed the convention in substance as follows:

Gentlemen of the American Medical Association:

I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the presidency of your association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy the position, I may be allowed to say you could not have conferred it upon one who would prize it more highly, or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the profession that I love, and to which I have devoted a long life; nay, more, it is the greatest honor that could be conferred upon any man, by the medical or any other profession, in this or any other country; for any decoration of honor, or any mark of approbation conferred by a crowned head, I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no

matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although, as a body, you may not be so learned, so critically and nicely framed in all the minutiae of the profession, yet for strength, integrity and precision in all the great principles guiding to a successful combat with disease, this body is equal if not superior to that of any kingdom of continental Europe.

To be called to the presidency of such a body of men, is, in my sober judgment, the greatest compliment that could be conferred on mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart and strength, individually, to the profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though laborious duties of the profession.

Coming so recently from a sick bed, and still enfeebled in health, I beg to be excused from further remarks, and desire you to accept this brief and imperfect acknowledgement of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say.

Dr. J. B. Lindsly, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the chair, to inquire into and report upon the propriety of dividing the association into sections for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

Dr. Brodie moved its reference to the nominating committee.

Dr. Brainard explained at some length the object of the resolution of inquiry, and urged its adoption as the means of giving more effect and usefulness to the proceedings of the association, the reports of which had heretofore gone out unmaturing, in consequence of the want of concentrated action.

A motion by Dr. Sayre to lay the motion on the table was negatived, and the motion of Dr. Lindsly was then adopted.

The chair appointed as the committee, Dr. Lindsly of Tennessee, Dr. Brainard of Illinois, Dr. G. C. Blackman of Ohio.

Dr. Davis moved that no person should be permitted to speak more than twice on the same subject, or more than ten minutes at one time, except by consent of the association, which was adopted.

The committee on prize essays was called, but the chairman being temporarily absent, was postponed.

The committee on medical education failed to report.

The committee on medical literature failed to report.

A letter from Dr. J. G. F. Holston, of Ohio, chairman of the special committee on the microscope, was read, reported progress and begging a continuance for more extended investigation, which was referred to the committee on nominations.

A letter from Dr. Stephen Smith of New York, from the special committee on medical jurisprudence, had the same reference.

The special committee on quarantine was not ready to report.

Dr. Mattingly of Kentucky, from the special committee on diseases and mortality of boarding schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the committee on nominations.

The special committee on surgical operations for the relief of defective vision, on milk sickness, and on the blood corpuscle, had the same reference.

The report from the committee on medical ethics was read, and such portion of it as related to the action of the Dubuque Medical Society in the case of an expelled member, was, on motion of Dr. T. O. Edwards, made the special order for 12 M. to-morrow.

The special committee on government meteorological reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee, which was referred to the committee on publication.

The committee appointed in May, 1857, on criminal abortion, submitted a report written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the committee on publication. The following resolutions appended to this report were unanimously adopted:

Resolved, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the association present this subject to the attention of the several legislative assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled, may be re-

vised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the legislatures of their respective States, and that the president and secretaries of the association are hereby authorized to carry out by memorial these resolutions.

The convention then adjourned till to-morrow morning, at 9 o'clock.

SECOND DAY.

WEDNESDAY, May 4, 1859.

The president, Dr. Miller, called the association to order at 9 o'clock.

Dr. D. Meredith Reese, chairman of the committee on nomination, called attention to the fact that the committee could not act definitely until the place for next year's meeting should be designated. He stated also that the Medical State Society of Connecticut had requested that an amendment to the constitution, proposed two years since, should be taken from the table, relative to the time of meeting.

It was moved by Dr. Blatchford, and seconded by Dr. Sayre, that the amendment to the third article of the constitution be taken up, which proposes to add after the words "first Tuesday of May," the words "or first Tuesday of June," and after the words "shall be determined," add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

Dr. D. M. Reese also stated that the Connecticut State Society had extended a pressing invitation to the association to hold its next meeting at New Haven, which invitation was referred to the committee on nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen, that on yesterday, a large majority of the committees made no reports, and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the nominating committee. It has been customary for gentlemen to hand in their names and the proposed subjects, on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made,

and gentlemen to whom a special duty has been assigned, have been found to know less of that than any other subject. We therefore hoped that no committee of last year would be re-appointed or continued, from which no report had been had, and no communication received.

On motion, the nominating committee was unanimously instructed to act upon the suggestions of the chairman, who also stated, that there should be some definite expression of disapprobation as to the course of these gentlemen who had volunteered essays, and had their names reported in the newspapers, and spread over the land, and then paid no attention to the matter.

Dr. Flint, from the committee on prize essays, begged leave to report that they received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans, having been called from all his earthly labors before the active duties of the committee began.

More than one of the four essays we examined exhibited much labor and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but in the unanimous judgment of the committee, neither of them possesses the degree and species of merit which should entitle its author to the association prize.

The committee beg leave furthermore to report, that in their opinion, and as the suggestion of their own recent experience, the association should determine in more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

Dr. Gordon, chairman of committee on etiology and pathology of cholera, made a partial report, and asked continuance of time.

On motion, the report was accepted, and referred to committee on publication, and petition for continuance referred to nominating committee.

Dr. J. B. Lindsly, chairman of the committee appointed to inquire into the propriety of dividing the association into sec-

tions, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan, as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one already universally adopted by similar bodies. They would simply recommend for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz :

1. Anatomy and Physiology.
2. Chemistry and Materia Medica.
3. Practical Medicine and Obstetrics.
4. Surgery.

The committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the association as now conducted; but only, that after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the committee of arrangements for the ensuing year, be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered and adopted after a very able speech in its support, by Dr. Davis.

Dr. J. B. Flint offered the following resolution :

WHEREAS, Our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas, this association, as the representatives of American medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect—therefore,

Resolved, That a committee of three be appointed, to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted, and Drs. Flint, Bowditch, and Shattuck appointed as the committee.

Dr. Harvey Lindsay offered the following :

WHEREAS, Parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association, and whereas, from the nature of the pursuits of medical men, they cannot be familiar with these rules—therefore,

Resolved, That a select committee of three members be appointed to prepare a system of rules for the government of this association, as few in number, as concise and as perspicuous as possible, to be reported at the next annual meeting.

This resolution was adopted, and Drs. H. Lindsly, C. G. Comegys, and T. W. Blatchford appointed as a committee.

The nominating committee made the following report:

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives to be junior secretary.

Committee of arrangements—Drs. Charles Hooker, Stephen G. Hubbard, and Benjamin Sullivan, jr., with power to add to their number.

Committee on prize essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and John Knight, Conn.

The association took up the special order, being the report on medical ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

On motion of Dr. H. F. Campbell, a section of meteorology, medical topography, and epidemic diseases, and of medical jurisprudence and hygiene, was added to those already adopted by this association.

The association then proceeded to consider and act upon amendments to the constitution proposed at the last annual meeting, and laid over under the rules.

The following amendment was adopted:

Resolved, That the constitution of this association be so amended as to provide that no individual who shall be under sentence of expulsion or suspension from any State or local medical society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from the said sentence by such State or local society.

The next amendment, lying over from last year, was the proposition of Dr. Kyle of Ohio,

That the constitution of the association be so amended as to prohibit the admission as a delegate or the recognition as a

member, of any person who is not a graduate of some respectable medical college.

This amendment was rejected, but, on the question of reconsideration, a long and animated debate ensued. Without arriving at a vote, the association adjourned for dinner.

AFTERNOON SESSION.

The association was called to order at 3 P. M., Dr. M. F. Askew in the chair. The discussion on the amendment under consideration at the hour of adjournment was renewed.

Dr. Kincaid moved a further amendment, to insert the word "hereafter" after "prohibiting."

The chair ruled the amendment out of order at the present stage, or until the association decides upon the question of reconsideration.

After a long discussion, Dr. Davis of Ind., moved to lay the motion to reconsider on the table, which was carried, 97 yeas, nays not counted—so the amendment stands registered.

The next proposed amendment to the Constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table for Dr. Crosby to offer a report of the Medical Teachers' Convention which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' Committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with the committee of medical teachers and report at the next annual meeting, provided that no medical teacher be selected on the part of this association.

Dr. T. M. Blatchford, of New York, offered as a substitute the following preamble and resolution:

WHEREAS, of all the subjects which can engage our attention in our associate capacity, that of medical education is paramount; and whereas, harmony of action is essential to success in establishing definite qualifications entitling to admission in our ranks; and whereas, nothing can be gained by hasty action in a matter so vital to our very existence, as a permanent medical institution—therefore,

Resolved, That further action be suspended for the present upon the subject of the resolutions offered at the last meeting

of the Association, by the chairman of the special committee on medical education, and that a committee consisting of S. W. Butler, of Pennsylvania, L. A. Smith, of New Jersey, Dixie Crosby, of New Hampshire, C. A. Pope, of Mo., and T. Buckler, of Maryland, shall be appointed to confer with the committee appointed at the meeting of medical teachers, to report some plan of action at the next meeting of the association.

This amendment was lost, and the original resolution adopted.

The resolutions from the New Jersey Medical Society were then taken from the table and referred to the committee of conference.

Dr. Davis offered a resolution instructing the same committee to confer with the State Medical Societies, for the purpose of procuring more decisive and uniform action throughout the profession, in carrying into effect the standard of preliminary education adopted by this association at its organization in 1847. This was carried.

Dr. Gibbes, from the committee to examine into a plan of uniform registration of births, marriages and deaths, offered the following report:

They have given the same a careful consideration, and they unanimously recommend that the report be adopted and referred to the committee on publication.

They also recommend that the same committee be continued, with instructions to add to the report in time for publication in the ensuing volume of transactions, a form of registration law which may be likely to answer the requirements of the several States.

Dr. Sayre, of New York, offered the following:

WHEREAS, The medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession—therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examinations of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination, and vote on the qualifications of all such candidates.

This was, on motion, referred to the committee of conference.

The paper of Dr. Jones, presented at the morning session, was taken from the committee on publication and referred to the committee on prize essays.

Dr. Eve moved to record the name of Dr. Benj. W. Dudley, as a permanent member, which was adopted by a unanimous vote, the delegates all rising to their feet, in token of respect.

Adjourned till to-morrow morning, at 9 o'clock.

THIRD DAY.

THURSDAY, May 9, 1859.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practice their profession."

Also to add to the sixth paragraph of the same article the words, "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to which he may belong at the time of each annual meeting of this body."

Dr. Lyndon A. Smith, of New Jersey, said amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still, as Dr. Mason, who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Pennsylvania, and laid over from last year under the rules, provides to add to the second article the words, "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment, proposed by J. Berrien Lindsly, of Tennessee, was called up, to omit in article 2 the words, "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States," and also to omit the words, "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organized

medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

Dr. Sayre offered the following, which were adopted by acclamation:

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements and the Profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association, and for the hearty welcome with which they have greeted our Convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned to meet at New Haven on the first Tuesday in June, 1860.

The registration book during the day announced the names of Drs. D. G. Thomas, of New York, William S. Cain, of Kentucky, and Peter Allen, R. K. McMeans, and W. R. Kable, of Ohio,—making 305 members in attendance during the session of the Association.—*Semi-Monthly Medical News*.

BOOK AND PAMPHLET NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By T. H. TANNER, M. D., F. L. S., Licentiate of the Royal College of Physicians; late Physician to the Hospital for Women, etc., etc. Philadelphia: Lindsay & Blakiston, 1859.

This is a small work, but one of great value—treating upon a most interesting class of patients, and the diseases peculiar to them.

The importance of understanding, thoroughly, the diseases of infancy, cannot be easily over-estimated. The fact that in some of the public institutions of England, less than a century ago, *twenty-three* of every *twenty-four* infants, were, for a long time, allowed to die under one year of age, and another fact, that even now, in large cities, about one-fourth die before they

attain their fifth year—demonstrate the importance of studying the diseases of infancy, and prove that much may be done by enlightened and well directed efforts to abate infant mortality, and also that much still remains to be done.

The practical teaching in this book is based, as it should be, upon the *peculiarities* of the organization of infants, a knowledge of which is the foundation of success in the treatment of this class of cases.

The chief structural differences are these: the tissues generally are softer, much more vascular, and more loaded with fluid; the glandular, lymphatic, and capillary systems predominate; the skin and mucous membranes are very delicate, soft, and sensitive; the brain is large and vascular, though so soft as to be almost fluid; and there is excessive nervous excitability. The term of infancy being essentially the period of growth, the organs of alimentation are those which are the most fully developed, as they are those which are the most actively employed; indeed, it may be said that at this age the functions are confined almost exclusively to nutrition.

Considerable space is devoted to the hygienic management of children, and the therapeutics of infancy, much of which we would gladly extract, had we room in the present number of the Journal, but must content ourselves with a few quotations from the treatment of some of the more important diseases. We will begin with scarlatina.

We have long doubted whether the the great fatality which so often attends scarlet fever, was an inevitable consequence of the nature of the disease; and have believed, that if the profession would regard as their duty, in self-limited diseases, simply to conduct to a favorable termination by preventing local complications, without attempting to abbreviate the disease by active interference, we might hope for a diminution in the fatality of this disease, as well as of the terror with which it is regarded by the public. We give the author's views of the treatment of scarlatina, as according very nearly with our own.

Treatment.—The treatment of scarlatina yet remains to be considered. The *simple form*, says Sydenham, is "fatal only through the officiousness of the doctor." It requires no treatment beyond confinement to the house for at least two or three weeks after all symptoms of the disease have disappeared, warm

clothing, spare diet, and attention to the bowels. In *scarlatina anginosa* the treatment is often much the same as that for many cases of continued fever. Cold or tepid sponging where there is great heat; perfect ventilation of the sick-room, without draughts of cold air; emetics when the tongue is much coated, and nausea and irritability of the stomach exist; shaving the scalp, and the application of cold lotions where there is much delirium; great caution in the use of antiphlogistic medicines—as antimony; and a strict avoidance of bleeding, even by two or three leeches. Purgatives judiciously employed will often obviate the necessity for lowering measures of any other kind, but they must on no account be given too freely, or in too large doses. Saline medicines are grateful and cooling; or, where the pulse is feeble, effervescing draughts containing an excess of ammonia. When there are decided symptoms of depression or collapse, wine, cordial draughts of ammonia, æther, and camphor, and nourishing food, must be ordered.

In *malignant scarlet fever*, a stimulating plan of treatment, such as that so successfully pursued by Dr. Todd, myself, and others in typhus, alone offers any chance of success. The vital powers are so prostrated by the deadly force of the poison, that unless we support them by the free administration of brandy, wine, and bark, they will fail altogether. When seen early, however, the treatment may be advantageously commenced by a mild emetic. The gangrenous ulceration of the fauces, which often complicates this form, will be also best combated by the use of stimulants and the local application of a solution of the chloride of soda: but when very severe, the throat and fauces must be swabbed with a strong solution of nitrate of silver—gr. x. to ʒj. The chlorate of potash drink will be useful. Chlorine itself is used by some practitioners, who speak highly of its good effects, in even the worst cases. Belladonna, in very minute doses, has been recommended as a prophylactic against scarlatina. In an epidemic of this disease which occurred on board Her Majesty's ships "Agamemnon" and "Odin," in 1853, this remedy was freely tried, without the slightest benefit.

Upon the pathology and treatment of croup, we take the following:

Pathology.—From the foregoing it seems evident that this disease consists of inflammation of the mucous membrane, exciting spasmodic action in the larynx and trachea, and giving rise to a peculiar product—a pseudo-membranous secretion. The result is imperfect aeration of the blood, for the access of air to

the minute vessels is impeded by the spasm as well as by the accumulation of the croupal productions.

The question as to whether the inflammation is of a simple kind, or dependent upon some specific poison in the system—as is the case with the eruptive fevers, etc.—has been entertained but not satisfactorily answered. My own views are certainly in favor of the latter opinion, and for these reasons:—the second attacks of croup are—as a rule—much less severe than the first, because the susceptibility of the system to the action of the poison is partly exhausted, just as is seen in the practice of syphilisation: the occasional prevalence of the disease in an epidemic form, seems to indicate a specific agent as its cause: when laryngitis is excited in children by some poisonous irritant, or by drinking boiling water from the spout of a tea-kettle, the results are very different, and false membranes are not exuded, even though the inflammation extend to the trachea.

When the inflammatory action is established, there are three remedies on which all authorities teach us to rely,—viz. blood-letting, tartar emetic, and mercury. Perhaps there is no infantile disorder which is so surely and early recognized by practitioners, and so zealously and perseveringly treated on this plan, as croup; for mistakes in diagnosis are very rare, and errors in treatment are seldom committed,—supposing that the authorities are correct. The question may well be asked then,—How is it that this disease is so fatal? I believe, from my own experience, because one of the chief agents is not only inappropriate but mischievous. Every physician knows that when he is summoned to a consultation on a case of croup, he is sure to find that the sufferer has been freely bled, either generally or locally; and he probably is informed that *in spite* of the loss of blood the inflammation increased. It never strikes the practitioner that he should say—"in consequence of;" yet it would probably be nearer the truth. I would strongly urge then, that this plan of indiscriminate bleeding be discontinued; that the case be fairly looked at, in all its bearings; that the sufferer's constitution and the condition of his vital powers be fully taken into consideration; and that we hesitate to deprive the flesh of that which we are told is its life, simply because there is inflammation of the air-tube, and books tell us to treat this dangerous affection by bleeding. Moreover we are taught to bleed very freely when the child is plethoric and robust, full of blood, full of life, healthy and vigorous, with all its powers active. But are such, the children who—generally speaking—suffer from this disease? Certainly not in town practice. And again, will bleeding render impure blood pure, or will it check

inflammation? Is conjunctivitis controlled by the application of leeches round the orbit? does the vascularity decrease as the blood flows? I have never seen it do so. In rheumatic fever, which are the cases that are most liable to be affected with pericarditis or endocarditis? Is it not those that have been bled? Do women who have had natural labors suffer most frequently from puerperal metritis, or such as have had severe floodings? According to my own experience undoubtedly the latter. In short, I would counsel every practitioner to think and reason for himself: to scan every case of inflammation narrowly, and ask himself—Is there an excess of healthy blood here? and even if there be, will it not be required by-and-by to support the system under the prostrating effects of the disease? and finally—to consider well the result which has followed the employment of depletion when he has resorted to it or has actually witnessed its employment, and if he find that the good derived from the use of the lancet has been more than problematical, then I would advise him to throw the instrument away, let authorities say what they may.

But if we are not to bleed in a severe case of croup, what are we to do? When the patient is seen at the onset of the disease, the inflammatory action may sometimes be arrested by hot fomentations alone—as recommended by Dr. Lehman and successfully practised by Dr. Graves. A sponge, the size of a large fist, dipped in water as hot as the hand can bear, must be gently squeezed half dry, and instantly applied beneath the little sufferer's chin, over the larynx; the temperature being maintained by resoaking it every two or three minutes. A steady perseverance in this plan for twenty or thirty minutes, produces vivid redness of the skin over the whole surface of the throat; while under the influence of this topical treatment, a gentle perspiration breaks out—to be encouraged by warm diluents. A notable diminution also takes place in the cough, hoarseness, tone of voice, dyspnoea, restlessness, etc.; and generally a sound sleep is enjoyed, from which the patient awakes nearly well. Supposing that this amelioration does not take place, very little time has been lost, and we must resort to emetics—a most valuable class of remedies. The ipecacuanha wine—in doses varying from one drachm to two drachms, according to the age—should be given every fifteen minutes until free vomiting has been induced; and unless the breathing is relieved, a dose sufficient to keep up the nausea should be repeated every three or four hours until decided ease is afforded. When this is obtained, great benefit will result from the administration of a draught containing a little antimony, ipecacuanha, etc., every two or

three hours; repeating the emetic of ipecacuanha every eight or ten hours according to the symptoms. In cases where prostration appears to be coming on, an emetic of alum or of sulphate of copper will be preferable to the ipecacuanha; while a mixture containing some ammonia and senega may also be judiciously substituted for the antimonial medicine. At the same time that this plan is pursued, the temperature of the body is to be taken by a thermometer placed under the armpit, or with care under the tongue; and if—as it usually is in the first and second stages—the degree of heat is above the normal standard, a warm bath ought to be administered, and the patient immersed in it up to the chin for fifteen or thirty minutes, according to the effect produced. It is of course clear, that a patient having a temperature of 104° or 105° Fah., must part rapidly with some of this heat, if placed in water warmed only to 96° Fah.; unless as fast as the heat is given off it be regenerated. This bath is not only cooling, but sedative; it may be repeated twice or thrice in the twenty-four hours, but only under the personal superintendence of the practitioner. To avoid alarming the child, the bath should not be prepared in its presence; and when brought into the sick-room the top of it should be covered with a blanket, on which the patient can then be placed and slowly lowered into the water. A piece of wood or some toy may be floated on the surface, to engage the attention of the little sufferer.

Supposing that the disease advances notwithstanding these measures, or supposing that we only see the case when it has reached the end of the second stage, I resort at once to the use of the iodide of potassium in preference to any other remedy; and frequently—but especially if there be much depression—I combine with it some tincture of assafoetida and decoction of senega. I think also that the application of the compound tincture of iodine to the outside of the windpipe, about once in every twelve hours does good; and provided that it does not raise a blister, it can do no harm. If the practitioner have great faith in mercury preventing the formation of false membranes in croup, I would advise him not to omit the iodide of potassium, but to combine with it mercurial inunction, half a drachm or even a drachm being gently rubbed in every four or six hours.

No mention is made by the author of the remedy which we regard as unquestionably the most efficient in the treatment of croup. We refer to the hydrarg. sulph. flav. or turpeth mineral. This medicine is so safe and certain in its operation in this

disease, that we have been in the habit of using it for a number of years, and rely almost exclusively upon it; and from experience with it, we commence the treatment of a case of croup with nearly the same confidence that we would an intermittent. It may be given in any stage of the disease, agreeably to the directions of the U. S. D.

From the severity of the symptoms sometimes attending ulceration stomatitis, and from the ease with which it is managed, we extract the following:

Ulcerative Stomatitis, or Noma.—This disease attacks the gums; the ulceration sometimes progressing to such an extent as to destroy these parts and denude the teeth. In all cases it produces heat of the mouth, an increased flow of saliva, an offensive breath, swelling of the upper lip, and enlargement with tenderness of the submaxillary glands: while on looking in the mouth we shall see that the gums are swollen, red or violet colored, readily bleeding to the touch, and covered with a layer of pulpy greyish matter. If the disease be allowed to creep on unchecked, the gums will be destroyed by the ulceration, and the teeth become exposed and loosened until they fall out; the morbid action also spreads to the inside of the cheeks, which become covered with irregular sloughing ulcerations, and the tongue assumes a swollen and sodden appearance. Ulcerative stomatitis is not uncommon: it occurs for the most part in weakly children who have been badly nourished, and exposed to cold and damp.

The *treatment* of this disease is not difficult, inasmuch as we possess in the chlorate of potash a remedy which may almost be deemed a specific. Five grains of this salt may be given every four or six hours to an infant one year old, in a little sugar and water. When the ulcerations have healed, bark or quinine should be administered.

This book would be a valuable addition to the library of any physician. For sale by W. B. KEEN, 148 Lake street. M.

FIRST ANNUAL REPORT OF THE CHICAGO CHARITABLE EYE AND EAR INFIRMARY.
Chicago, 1859. James Barnett, Printer.

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The number of cases treated during the past year, which is the first, is 115—of which, 95 were of the eye, and 20 of the ear. The following extracts from the report will exhibit the objects and necessity of its being established :

Every philanthropist must rejoice, that the blind are furnished by the public bounty with such an institution. Its establishment reflects honor upon the State, and it should be maintained at any cost. But how much more in accordance with an enlightened humanity, and, in an economical view, how much more reasonable and advantageous, to provide the necessary means, comparatively so small, for institutions devoted to the *prevention* of blindness—and thus, in the most effective manner, avert the misery which must always attend it, as well as the burdens, private or public, it must entail.

In conclusion, the surgeons would again particularly impress upon the minds of the trustees and the public, that charities of this kind are not designed for the support of those who have become helpless, and hopelessly dependent, from the effects of vice and disease, and who are always maintained at a large expense. They have for their object, the prevention of one of the greatest calamities which can befall a human being—blindness; the sad consequences of which, to their full extent, it is hardly in the power of the imagination to conceive, still less, to portray.

We only deem it useful to say in behalf of this charity, that it is under the management of Drs. Holmes and Baltzell, who are entirely competent to take charge of it, and we recommend physicians who may have occasion to give advice to those laboring under diseases of the eye and ear, in regard to those to whom they should apply, to direct them to these gentlemen. They will thus not only do them a service, but be the means of keeping them out of the hands of those who circulate advertisements to entrap the unwary, and who are but too ready to take advantage of the hopes and credulity of the unfortunate.

EDITORIAL.

FIRST ANNUAL ANNOUNCEMENT OF THE MEDICAL DEPARTMENT OF LIND UNIVERSITY, AT CHICAGO, ILL., 1889-90.

As journalists, we feel bound to chronicle so important an event as the establishment of a new medical school in Chicago. As a teacher, we feel called upon to make some comments on the peculiar claims to superiority put forth in this announcement. As it is in the hands of all our subscribers, we are saved the room necessary to give the announcement entire, which we should otherwise prefer to do.

The following extracts will sufficiently indicate the changes proposed by this new organization.

PLAN OF INSTRUCTION.—Each college term will consist of two departments, essentially distinct from each other, but carried on simultaneously. The first, called the *junior department*, will embrace full courses of lectures and demonstrations on the following branches, viz: Descriptive Anatomy, Physiology and Histology, Materia Medica and General Therapeutics, General Pathology and Public Hygiene, Inorganic Chemistry, and Practical Anatomy, under the direction of the demonstrator, and is designed for all students attending the first course of lectures.

All medical students in this department will be examined at the end of the term, on the branches taught in the course, and if such examination be satisfactory, it will be final for those branches.

The second, called the *senior department*, will embrace full courses of lectures on the principles and practice of Surgery, Surgical Anatomy, Obstetrics and Diseases of Women and Children, Practice of Medicine, Organic Chemistry and Toxicology, Medical Jurisprudence, Clinical Medicine and Surgery in the Hospital, and Dissections under the demonstrator, and is designed for the students attending their second course.

The regular annual course of lectures in the medical department of the Lind University, will commence on the second Monday in October next, and end on the first Monday in March following.

The class in each department will receive *four* regular lectures daily, throughout the term.

By carefully noting this plan, it will be seen that it differs from that pursued in all the colleges in the United States, (ex-

cept that at Ann Arbor, Mich.,) in that it proposes to make a full course of lectures comprise 480 lectures, delivered in twenty weeks, instead of 576 lectures, delivered in sixteen weeks, as is the present practice. The new faculty think that "the attempt to teach the whole of medical science and art, by six or seven professors, in four months," is a "defect" of a most "mischievous character," but that this can very readily be effected by five professors in five months, and by a smaller number of lectures. The simple statement of this change is sufficient to show that it is not an improvement.

2. "The last prominent defect in the prevailing system of medical instruction, which we shall mention, consists in requiring the student to attend so many lectures daily, that he has no adequate time for reflection," etc. So say the reformers. Is six hours a day too much time for healthy young men to be instructed, during our term of four or five months? Let us look at our public schools, and see what is required of boys twelve or fourteen years of age. Such boys are kept six hours in school, and required to get lessons as various and as numerous as those required of medical students. In the high school much more is required, and there is no good literary institution or college in which more application is not *required* for nine or ten months of the year than is *expected* of medical students for four or five.

Six hours for lectures, and a suitable time for reading, is no more than is requisite for mental discipline, and for keeping students from indolent habits and dangerous associations in a city; and the assertion that it is too much, contains an error to which the student should by no means listen. Having had considerable experience, and some association with men now eminent in the profession, we think it safe to assert that twelve hours a day for study, for six years, is not too much for acquiring a proper knowledge of the science of medicine—none too much for the proper development of the mental faculties, and, properly divided, none too much for health.

3. The medical department of the Lind University proposes to reform and improve medical education, by providing that a student shall enter practice after attending one course of lectures on anatomy, comprising 80 lectures, instead of two courses

of 96 each, as is now the custom in medical colleges. So of surgery and other branches. Is this reform? The argument that the study of certain branches must precede others, is fallacious. Anatomy and surgery should go hand in hand—so of the study of medicinal substances and their uses. In regard to this curtailing the number of courses, and of lectures on important branches, we feel inclined to quote from this circular, the language employed in regard to the courses of the first medical colleges of this country—"No parallel to this absurdity can be found in any other branch of education in this country."

The circular proceeds to say, that it was these defects that led to the organization of the American Medical Association, in 1846-7. If the end and object of this association was and is to reduce the number of lectures, without improving their quality—to lengthen the term without adding to the means of teaching or of learning—if the programme of the medical department of the Lind University be its culminating point—(which we are far from believing)—then indeed, has the "mountain labored and brought forth a mouse."

For ourselves, we regard this new plan as utterly visionary. We propose to adhere to the plan of instruction now generally pursued throughout the country; to improve upon and perfect, if practicable; but not to destroy it. We believe it to be essentially good, and adapted to the wants of the profession, and especially of students in this country. Students are not generally wealthy, and but few of them have the means of attending lectures more than four months. Even the eloquence of these professors has often failed to induce them to remain that length of time, to hear lectures for which they had already paid. It is a system by which almost every eminent and learned man in this country has been principally educated, and we conceive that denouncing it as the way "in which the country (and especially the western part of it) is kept full of half-educated physicians," is neither just nor wise—neither calculated to improve the profession, nor to assert its just claims to respect before the public. It is an unjust attack upon physicians and schools, especially in the West, which irregular practitioners will not fail to turn to account.

There is still another point in this announcement, which must not be passed over without notice. It states, "There will be two clinics in the College, and four in the Mercy Hospital, each week." What is this Mercy Hospital, and how do these gentlemen acquire their rights to dispose of it?

We can answer this question. In 1851, some of the professors of Rush Medical College, and other persons, friends of the institution, established the "Illinois General Hospital," with a charter obtained from the legislature. This, after being in full operation for some months, was transferred to the present proprietors of the Mercy Hospital, or their purchasers, together with "all the furniture, beds, bedding, stoves, chairs, tables, carpeting, and other fixtures belonging to, and hitherto in the use and possession of said Illinois General Hospital of the Lakes."

"And said party of the second part covenants and agrees to and with said parties of the first part, in consideration of said sale and transfer, that the trustees of the Rush Medical College, of said City of Chicago, shall, at all times hereafter, so long as said Mercy Hospital shall be maintained," * * * * "be permitted to appoint attending physicians and surgeons for the wards of said Mercy Hospital." The right was reserved to the proprietors of the Mercy Hospital, "to appoint one attending physician, whose term of office shall be during the vacation of Rush Medical College."

The members of the faculty of the medical department of the Lind University, who propose to give clinics in this hospital, during the coming winter, hold their position in violation of the above agreement, and it will be interesting to discover by what kind of ethics, men so conscientiously opposed to a lecture term of four months, that they could no longer continue to participate in it, will be able to retain places, and the use of property, to which they have no right. Their course in reference to this point will no doubt be such as high-minded men always pursue. It would be unjust to suspect them of any design, which, if carried into effect, would be derogatory to their characters as honorable men, and we therefore defer comment until their decision shall be made known.

"The object of the medical faculty of this university is to establish a medical school on such a basis as will afford facilities for as thorough a medical education as can be obtained in Europe." It will be admitted by all, that the object is still sufficiently far from its accomplishment. In a city which has no hospital, excepting one established by Rush Medical College, and in which the united efforts of the profession have as yet been insufficient to induce the authorities to open one, these gentlemen create a division, by which the influence of the medical faculty is likely to be diminished. Where there is scarcely a rudiment of a medical library, or a museum, they propose to divide instead of concentrating efforts to provide them. The tendency of this movement is essentially destructive. It proposes to add nothing whatever to the education of the student, the requirements for graduation, or the means of acquiring knowledge. In many respects, it diminishes these; and whatever other merits it may have, seems to us very far from having that of improvement or reform.

MISCELLANEOUS MEDICAL INTELLIGENCE.

DEATH OF DR. KIRWIN, OF OTTAWA.

OTTAWA, ILL., May 6th, 1859.

At a special meeting of the "Ottawa City Medical Society," a resolution was passed, appointing a committee of three, consisting of Drs. Haid, Stout and Haughey, to draft resolutions expressive of the sense of the society, on the occasion of the death of Philip Kirwin, M.D.

In compliance with the above, the following preamble and resolutions were presented and unanimously adopted:

WHEREAS, In the disposition of Divine Providence, one of our number, Philip Kirwin, M.D., has been removed from this life,

Resolved, That we deeply regret the loss which we are called upon to sustain, in the death of one who, for many years, has been an active member of our society, and who, during that

time, has endeared himself to its members by his estimable qualities as a gentleman, a citizen, and a physician.

Resolved, That we tender our heartfelt sympathies to his family and relatives, in their bereavement.

Resolved, That a copy of the foregoing preamble and resolutions be presented to the family of the deceased, and also to the journals of this city, and to the Chicago Medical Journal.

PROF. BRAINARD:

In the March number of the Journal is an article headed, "Stomatitis Materna—Report of Committee on Practical Medicine, of Illinois State Medical Society, for 1858—A Correction, etc."

I do not think it advisable to fill a medical journal with matters of personal controversy, but think a few words are called for in the present instance.

The reference to Dr. Hutchinson is found in the contribution of Dr. Payne, a member of the committee; and, however the mistake was made, the committee stand corrected. Allusion is made by Dr. Green, to what he considers an important omission in the report, viz.: the use of chlorate potassa in stomatitis materna. He is "wholly unprepared to assign reasons that influenced the committee to *ignore* a remedy which, of late, has received so much prominence in the hands of the profession."

I would call attention to what is made the duty, by the society, of the Committee on Practical Medicine: "They shall prepare an annual report on the most important improvements effected in *this State*, in the management of individual diseases, and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, during the term of their service." Soon after their appointment, the committee issued circulars to the profession of the State, and caused a copy to be published in the Chicago Medical Journal. It will be seen, then, what would naturally constitute the material from which the report of the committee would be made.

The chairman, during the year, endeavored to glean from sources within the State, all that could be obtained, upon the subjects embraced in the circular. Chlorate of potassa received a share of notice, and all that could be collected from sources within the State, was presented. If Dr. Green, or any other member of the profession in Indiana, had found the medicine in question a valuable remedy in stomatitis maturna, it was his duty to report it, and not lay a charge of discourtesy to a committee, a year after their report was written, for omitting what had not come to their notice.

Thinking the above remarks will show how far the committee were guilty of any want of regard to the profession, I remain

Very respectfully, Yours,

F. K. BAILEY,

Chairman of Committee, etc., for 1858.

JOLIET, April, 1859.

HANCOCK MEDICAL ASSOCIATION.

The seventh annual meeting of Hancock Medical Association was held in Warsaw, Wednesday, April 20th, 1859. Dr. Hollowbush in the chair. Dr. S. L. Comer was elected a member. The following were elected officers for the ensuing year :

<i>President,</i>	.	.	Dr. H. Judd, Warsaw.
<i>Vice-President,</i>	.	.	A. Spitler, Carthage.
<i>Treasurer,</i>	.	.	Chas. Hay, Warsaw.
<i>Secretary,</i>	.	.	Geo. W. Hall, Carthage.

Delegates to the American Medical Association—David Ellis, M.D., W. M. King, M.D., and Geo. W. Hall, M.D.

Delegates to State Medical Society—H. Judd, M.D., and S. L. Comer, M.D.

On motion, the Secretary was directed to prepare an account of the meeting of the Association, for publication in the Chicago Medical Journal.

The Association adjourned to meet in Carthage, the third Wednesday in July.

GEO. W. HALL, Secretary.

LITHOTOMY.

This operation was performed by Dr. Brainard, on the 10th of May, on a boy three years old, who is at the present time quite recovered. This is the sixteenth operation of Dr. Brainard, and as yet no accident has occurred in any one of them. This small number of cases indicates the great infrequency of urinary calculus in this region, as compared with other States, and particularly Kentucky. The operation preferred is the lateral, or if the stone be very large, the bi-lateral—the neck of the bladder being distended with the bistoury. P.

We see it stated, in the Press and Tribune of this city, that the new rooms for the medical department of the Lind University, are being put in order. They are to be in the upper story of Mr. Lind's warehouse, on the south branch of the Chicago River.

CORRECTION.—The Boston Medical and Surgical Journal, in a notice of our article on chronic hydrocephalus, speaks of Dr. Tournesko's case as the first. This is an error. Our own case preceded that of Dr. Tournesko five years.

Prof. John H. Rauch has resigned the chair of *Materia Medica*, in Rush Medical College.

EXCISED KNEES.

A most curious and novel sight occurred the other night, at the London Medical Society, which took my fancy very much. Mr. P. C. Price, a young surgeon of great promise, a protege of my friend Mr. Ferguson, and who has at the same time performed most of the capital operations, read a paper on some of the causes of failure following the operation of excision of the knee joint, in which he most ably considered the subject, and very satisfactorily showed that the want of a successful issue depended upon circumstances which might have occurred had amputation been performed. At the conclusion of his paper, some ten or more male and female persons walked into the room, each of whom had undergone resection of one of their knees, and who were living proofs of the value of a limb without a joint. One lad could walk his 14 miles a day, without inconvenience or fatigue—all were in excellent health. The sight was rather amusing too, for both males and females had their knees exposed whilst walking up and down to show their anarthrodial agility. Mr. Price is engaged in the preparation of a treatise on excision of the knee, which will be copiously illustrated, and at the same time will contain an account of every operation that has been done, up to the year 1858.—*Montreal Chronicle*.